

Application for Facade Design Assistance

A. Applicant Information

Building Owner:	
Social Security No. or Tax I.D. No.:	
Contact Name:	Phone:
Address:	FAX:
City/State/Zip:	E-mail:

B. Building Information

Building Name:	
Legal Description:	
Address:	Total Sq. Ft.:
No. of Stories:	Approx. Market Value:
Ground Floor Sq. Ft:	Zoning:

C. Architect/Designer Information

Architect/Design Firm:	
Contact Name:	Phone:
Address:	Fax:
City/State/Zip:	E-mail:
Estimated Design Costs:	Estimated Design Completion Date:

D. Disclosure

Applicant hereby agrees that the acceptance of this application does not commit the City to enter into an agreement, to pay any costs incurred in its preparation, to participate in subsequent negotiations, or to contract for the project. Further, the acceptance of this application does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right to reject any or all applications or to request more information from the applicant.

The applicant also agrees that Facade Design Assistance will only be considered for the proposed project by the City if: 1) a facade design is completed, 2) bids or quotes for all proposed work are obtained, and 3) a Facade Improvement Application is submitted with the design and bids to the Urban Development Department within six (6) months of the date of this application.

Signature

Title (If applicant is a company representative)

Print Name

Date